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08/25/2005

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11/25/2005 TBESHAH2 00000051 031952 09719889

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<b>Norman Green</b>	(Depositor's name)
<i>Norman Green</i>	(Signature)
<b>November 23, 2005</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/719,389	02/21/2001	Earl R. Owen	42724-002001-577122000200	6045

TITLE OF INVENTION: METHOD OF TISSUE REPAIR II

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	11/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHISM, BILLY D	1654	514-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Morrison & Foerster LLP

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3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Avastra Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sydney, New South Wales, Australia

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1952 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Gregory P. Einhorn*

Typed or printed name

Gregory P. Einhorn

Date November 23, 2005Registration No. 38,440

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FROM: Gregory P. Einhorn, Reg. No. 38,440

Date: November 23, 2005

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#### Comments:

Attorney Docket: 577122000200  
Confirmation No.: 6045  
Group Art Unit: 1654  
Examiner: B. Chism  
Serial No.: 09/719,889  
Filing Date: Int'l. - June 18, 1999  
Inventor(s): Earl R. OWEN et al.  
Title: METHOD OF TISSUE REPAIR II  
Papers attached:  
1. Issue Fee Transmittal, Form PTOL-85 (1 page + duplicate for fee processing)

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